

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040924

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 208

DO NOT WRITE
ON THIS STUB

AMENDED

FILED OCT 24 1963

1. PLACE OF DEATH a. COUNTY PHLEPS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ERAWFORD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rolla		c. CITY OR TOWN STEELVILLE MO	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McFARLAND NURSING HOME		d. STREET ADDRESS (If outside, give location)	

3. NAME OF DECEASED (Type or print) First BETTY Middle VINEYARD Last VINEYARD			4. DATE OF DEATH Month 10 Day 6 Year 1963		
5. SEX Fe	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2-13-1884	9. AGE (last birthday) 79	10. IF UNDER 1 YEAR Months 7 Days 23 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and state or country) JENN. U.S.A.	

13a. FATHER'S NAME SIM WEST		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE William	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. 		17. INFORMANT Address D.D. Vineyard, Steelville, Mo	

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Degenerative Heart Disease Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Advanced Arteriosclerosis DUE TO (b) DUE TO (c) 		INTERVAL BETWEEN ONSET AND DEATH 	
--	--	--	--

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
---	--	--	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. 	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE
--	------------------------------	--------	-------

21. I attended the deceased from 10-2-63 to 10-6-63 and last saw her alive on 10-6-63	
Death occurred at 6 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE (Degree or title) Wm. R. Dyer, M.D.	22b. ADDRESS Rolla Mo	22c. DATE SIGNED 10/7/63
---	------------------------------	---------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 10-7-63	23c. NAME OF CEMETERY OR CREMATORY Memorial Garden	23d. LOCATION (City, town, or county) Jefferson City Tenn.
--	--------------------------	---	---

24. FUNERAL DIRECTOR Jonas Funeral Home	ADDRESS Steelville	25. DATE RECD. BY LOCAL REG. 10/7/63	26. REGISTRAR'S SIGNATURE Nadene L. Stoll
--	---------------------------	---	--

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0817

2 0280

3

4 1

5 3

6

7 1

8 0

9 422.1

10

11

12 86-0

13 1-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Frank E. Hood

Licensed Embalmer No.

4026

P. O. Address

Stelville, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.